

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 69/72-777
FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1		1		1	
16	1		1		1	
17	1					
18	1					
19	1					
20	1		1		1	
21	1		1		1	
22	1		1		1	
23	1		1		1	
24	1		1		1	
25	1		1		1	
26	1		1		1	
27	1		1		1	
28	1		1		1	
29	1		1		1	
30	1		1		1	
31	1		1		1	
32	1		1		1	
33	1		1		1	
34	1		1		1	
35	1		1		1	
36	1		1		1	
37	1		1		1	
38	1		1		1	
39	1		1		1	
40	1		1		1	
41	1		1		1	
42	1		1		1	
43	1		1		1	
44	1		1		1	
45	1		1		1	
46	1		1		1	
47	1		1		1	
48	1		1		1	
49	1		1		1	
50	1		1		1	
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*		*	*
IND.	DEP.	IND.	DEP.
61	1	1	1
62	1	1	1
63	1	1	1
64	1	1	1
65	1	1	1
66	1	1	1
67	2		
68	2		
69		1	1
70		2	3
71		2	2
72		1	1
73		2	2
74		2	2
75	1	1	1
76		1	1
77		1	1
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND.	2	5	5
TOTAL DEP.	6	67	67
TOTAL CLAIMS	71	72	72